



DEPARTMENT OF THE ARMY
HEADQUARTERS, EIGHTEENTH MEDICAL COMMAND
UNIT #15281
APO AP 96205-0054

REPLY TO
ATTENTION OF:

EAMC (40)

12 August 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Integrated Healthcare Organization Policy # 18 - Pain Assessment and Management

1. **PURPOSE:** To provide guidelines for pain assessment and management within the 18th MEDCOM Integrated Health Organization (IHO).
2. **APPLICABILITY:** This policy applies to health care staff assigned, attached or volunteering in any facility within the IHO.
3. **RESPONSIBILITIES:** The relief of pain and suffering is integral to the mission of the IHO, 18th MEDCOM. The recognition and control of both acute and chronic pain is the responsibility of all Health Care Providers (HCPs) and the right of all patients. Patients further have the right to respectful and responsive care, which includes the appropriate diagnosis and treatment of pain. The goal of pain management is to relieve the physical and psychosocial symptoms associated with pain while maintaining the patient's level of function. Pain is intimately linked to overall quality of life, therefore management should maximize this while minimizing potential side effects.
4. **PROCEDURES:**
 - a. Pain assessment:
 - (1) The effective treatment of pain is contingent upon appropriate pain assessment. The features of pain assessment include:
 - (a) The patient's report of pain is accepted as a gold standard. Pain is an extremely subjective experience and as such, the patient is the best judge of the intensity and relief of pain.
 - (b) Pain should be assessed on initial admission to the hospital or during a patient visit. Assessment includes pain history, location, duration, alleviating/aggravating factors, physical exam, and rating of pain intensity. Intensity should be rated using the "1-10 Numeric Intensity Scale" or "Wong-Baker FACES Pain Rating Scale" depending on the patient population. (Enclosure 1)

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(c) Ongoing pain assessment is necessary to evaluate the changing nature of pain as well as the effectiveness of treatments for pain. Ongoing pain assessment will follow the flowchart. (Enclosure 2)

- For inpatients, pain should be assessed on admission using MEDCOM FORM 685-R (Admission Assessment) (Enclosure 3). Each shift, patients should be assessed using MEDCOM FORM 689-R (Patient Activities Flow sheet) (Enclosure 4). Patients should also be reassessed before each intervention to prevent unnecessary treatment, and after interventions to assess efficacy.
- Outpatients should be assessed at each visit and reassessed as needed.
- Documentation of treatment modalities, medications (dose, rate etc.) should be completed on each visit or assessment. Complete and thorough documentation is key to assessing the adequacy, success or changes necessary for pain control.

b. Pharmacologic Management of Pain:

(1) In order to achieve optimum pharmacologic management of pain, consistent care is needed. The appropriate use of medications should be based upon current standards of practice, the patient's response and consideration of comorbid conditions requiring medications. The goal is to provide satisfactory pain relief while minimizing and managing side effects.

(2) The use of patient controlled analgesia (PCA pumps) within the hospital is addressed in 121 General Hospital policy.

c. Non-Drug interventions:

(1) The relief of pain includes both drug and non-drug interventions for pain including modalities such as application of heat, cold and relaxation techniques. These non-drug interventions can enhance the patient's sense of control and add to the effectiveness of the pharmacological interventions. Non-drug interventions are not intended to replace analgesics but rather are to be used as adjuncts to medications. Non-drug interventions are provided by many disciplines including nursing, physical therapy, occupational therapy, social work services, chaplains, and clinical psychology.

(2) The responsibility for assessing the use of non-drug interventions and referrals to adjunct staff is that of the primary HCP treating the patient or nursing staff caring for the patient.

d. Patients who cannot be adequately treated by their primary care manager (PCM) or specialty services will be referred to the Pain Service, 121 General Hospital.

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e. Professional Education:

(1) The adequate management of pain is contingent upon knowledge and attitudes of the health care providers caring for the patient in pain. Recommendations for professional education are:

(a) Medical, Nursing and other Professionals: All should be familiar with the existing standards of pain management.

(b) Familiarization with this policy is conducted through Newcomers Orientation, CME/CEU, professional in-services and/or individual unit orientation.

(c) Additional training for HCPs can be conducted through professional training, CME/CEU, professional in-services, the JCAHO Pain management video series or self-study. Documentation of such training should be posted in the individual's Human Resource folder.

f. Patient and Family Education:

(1) It is essential that patients have information regarding pain assessment and management in order to dispel common misconceptions related to pain and enable the patient to communicate their pain effectively.

(2) It is the responsibility of the treating HCP to provide this instruction or ensure that it is provided. Pharmacy staff must also verify that any patient receiving an analgesic prescription has been given instructions on its proper use.

(3) Pain education must be reinforced over time and by various health care providers. Most effective pain education is that which has been reinforced, decided upon jointly by the patient and HCP, and which is repeated over time both verbally and in writing.

5. REFERENCES:

a. Joint Commission on Accreditation of Healthcare Organizations Accreditation Manual for Hospitals.

b. American Pain Society Guidelines.

c. The National Foundation for the Treatment of Pain-“Pain Management”

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6. The proponent for this policy is the DCCS, 18th MEDCOM.

4 Encls

1. Pain Intensity Scales
2. Pain Management Flow Chart
3. MEDCOM Form 685-R
4. MEDCOM Form 689-R

// Original Signed //
PHILIP VOLPE
Colonel, MC
Commanding

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